PTO/SB/21 (09-04)

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09/865,196 **Application Number** Filing Date May 24, 2001 **TRANSMITTAL** First Named Inventor Kok-Hwee Ng **FORM** Art Unit 3653 **Examiner Name** Jeffery A. Shapiro (to be used for all correspondence after initial filing) Attorney Docket Number F-5728 4 Total Number of Pages in This Submission

		ENCLOSURES (Object of the				
		ENCLOSURES (Check all that apply	<u> </u>			
Fee Transmittal	Form	Drawing(s)	After Allowance Communication to TC			
Fee Attach	ned	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment/Rep	oly	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/o	declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter Other Enclosure(s) (please Identify			
Extension of Tim	ne Request	Terminal Disclaimer	below): Request For Continued			
Express Abandonment Request		Request for Refund	Examination			
Information Disc	losure Statement	CD, Number of CD(s) Landscape Table on CD	Return Post Card			
Certified Copy of Priority Document(s)		Remarks				
Response to Missing Parts/						
Incomplete Appl						
	e to Missing Parts FR 1.52 or 1.53					
under 57 CFR 1.32 01 1.33						
	SIGNATU	URE OF APPLICANT, ATTORNEY, (DR AGENT			
Firm Name Cook, Alex, McFarron, Manzo, Cummings & Mehler						
		·				
Signature Aun (4						
Printed name Carries S. Pristelski						
Date April 20, 2006		Re	g. No. 27,222			
CERTIFICATE OF TRANSMISSION/MAILING						
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PTO/SB/17 (01-06)
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suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). EE TRANSMITTAL for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

Complete If Known **Application Number** 09/865,196 Filing Date May 24, 2001 First Named Inventor Kok-Hwee Ng **Examiner Name** Jeffery A. Shapiro Art Unit Attorney Docket No.

TOTAL AMOUNT OF PA	YMENT	(\$)910.00	Atto	rney Docket No.	F-5728			
METHOD OF PAYMENT (check all that apply)								
Check Credit	Card	Money Order	None [Other (please	identify):			_
Deposit Account Deposit Account Number: 50/1039 Deposit Account Name: Cook, Alex, McFarron, Manzo, Cummings & Mehler							-	
For the above-ident	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any ad under 37 CFR		s) or underpayme	ents of fee(s)	Credit any ov	erpayments			
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FEE CALCULATION (A			e upon filing	or may be subj	ect to a surc	harge.)		_
1. BASIC FILING, SEA					•			
	FILING	FEES	SEARCH I	FEES	EXAMINA	TION FEES		
		Small Entity		Small Entity	- 44	Small Entity		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65	 	
Plant	200	100	300	150	160	80 _		
Reissue	300	150	500	250	600	300 _		
Provisional	200	100	0	0	0	0 _		
2. EXCESS CLAIM FE	ES						mall Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (inc						50	25	
Each independent claim Multiple dependent clain	•	cluding Reissue	s)	•		200 360	100 180	
Total Claims	Extra Cla	aims Fee	(\$) Fees Pa	id (\$)		Multiple Depe		
- 20 or HP		x	=	<u></u>		Fee (\$)	Fee Paid (\$)	
HP = highest number of total cl	aims paid for,	if greater than 20						
Indep. Claims	Extra Cla	aims Fee		id (\$)				-
- 3 or HP =		X	=					
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE If the specification is		ors exceed 100	cheets of naner	· (evoluding elec	etronically fil	led sequence or	computer	
listings under 37 CI	FR 1.52(e)	the application	n size fee due i	is \$250 (\$125 fc	or small entity	v) for each addi	tional 50	
sheets or fraction th					•	,,		
<u>Total Sheets</u> <u>Ex</u> - 100 =	ktra Sheets	/50=		itional 50 or fract up to a whole nur		Fee (\$)	Fee Paid (\$)	
4. OTHER FEE(S)		_ 130-		up to a whole hul	ilbel) x		Fee Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): RCE and 1 Month Extension of Time						910.00		

SUBMITTED BY			
Signature	Some &	Registration No. 27,222 (Attorney/Agent)	Telephone 312-236-8500
Name (Print/Type)	James S. Pristelski	Date April 20, 2006	

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